## 1503 - 140 - 2116

## REPORT OF RECEIPTS AND DISBURSEMENTS

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FORM 3X	For Other Tha	n An Authorized Con	nmittee	FEC MALLOTICE U	
NAME OF COMMITTEE (in )	TYPE OR PRINT	▼ Example: over the li	If typing, type nes.	12FE4M5	LEK
DEMOC	PATS, MA	KING P	ROGRE	55	
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ADDRESS (number and	d street) 1580 E	2, ROOSEN	FIT, S		
Check if different than previous reported. (AC	sly RETH	ESDA.		My 2	\$1 <del>]</del> =t
2. FEC IDENTIFICA	ATION NUMBER ▼	CITY A	S	TATE A	ZIP CODE A
<u>clov50</u>	2.5.22.6	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REP (Choose One)  (a) Quarterly Rep	Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11 (Non-Election Year Only)  Dec 20 (M12 (Non-Election Year Only)  Jan 31 (YE)
July 15 Quarterly October	Report (Q2)	Election	ry (12P) (12P) (12C)	Special (12S)	Runoff (12R)
January Year-End	31 d Report (YE)	Election on	- N N 3 G	YXYTY	in the State of
	ן יייין קעי	, m.m./	ral (30G)	Runoff (30R)	Special (30S
Terminat (TER)	ion Report	Election on	M / 000 /		in the State of
5. Covering Period		2014 thr	ough III.	12412.0	14
I certify that I have ex Type or Print Name of	xamined this Report and to	1 1	and belief it is true	e, correct and comple	ite.

Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use

FEC FORM 3X Rev. 12/2004